## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P95000067264 JOHNS' TREE STUMPING, INC.

## **FILED** Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90126 037 \*\*\*150.00

Principal Place of Business  HGWY. 53, SOUTH YANKEE LANE  MADISON FL 32340			Mailing Address (VVV)											
			P.O. BOX 508 HWY 535 P.P. 1 A MADISON FL 32941 32340			13085								
2. Principal P	Place of Busin	ess	3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						DO NOT	WRITE IN	THIS SP	ACE		
City & State	e		City & State				4. FE	I Number	59-333	6742			pplied For	j
Zip Country			Zip	Zip Coun			<b>5</b> Co	artificate of		<u> </u>	¬ \$	8.75 Ad	ot Applicable ditional	╣
	6 Nama	and Address of Current I	Pagistared Agent	nistored Agent			5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent							
	o. Name	and Address of Corrent i	registered Agent		Name		7. IVa	ille alla Ac	lutess of N	ew neglat	cied Ag	<u>ent</u>		┨
JOHI WAD MAD		Street Ad	dress (P	.O. Bo	x Number i	s Not Accep	table)		<u></u>		-			
					City						FL	Zip Coo	de	+
8 The above	named entity	submits this statement for	the purpose of changing its	register	ed office or i	enistere	nd ager	at or both	in the State	of Florida	-	<u> </u>	<u> </u>	-
e. The above	mamed entry	y submits this statement for	the purpose of changing its	regisier	ca onice or i	cgisicio	a ago	it, or both,	in the otate	or rionda.				Ì
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatur	e required v	when reins	stating)			DATE			
O This seems							T						,	$\dashv$
Tax filing r	-	ible to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			e		on Campaig Fund Contri		ng 🗆		00 May Be d to Fees	
11.		OFFICERS AND I	DIRECTORS	12.			ADD	ITIONS/CF	IANGES TO	OFFICER			S IN 11	1
TITLE	PVP	ADDV I	☐ Delete	TITL							(	<b>C</b> hange	Addition	
NAME STREET ADDRESS	JOHNS, E	508 - HWY 535		NAM	REET ADDRESS R		2.1	BOX 3	088					
CITY-ST-ZIP		FL 32341			-ST-ZIP		RI BOX 3088 Mad:50N Fl. 32341			340				
TITLE	ST		☐ Delete	TITL	E		,-5€		<u></u>		[	Change	☐ Addition	1
NAME .	JOHNS, E			NAM		D	01	Q A X	(3082	?				
STREET ADDRESS	1	508 - HWY 535					ADDRESS RRI BOX 3088  -ZIP MOD SON FI 3232							
CITY-ST-ZIP	"MADISUN	FL 32341		TITL	<del></del>	- <i>YY</i>	lad.	501.	r.1 30	040		Change	☐ Addition	-
TITLE Name			☐ Delete	NAM							L	Unange	L. J Addition	
STREET ADDRESS				STR	EET ADDRESS									
CITY-ST-ZIP				CITY	-ST-ZIP									_
TITLE			☐ Delete	TITL							[	Change	Addition	1
NAME				NAM										
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS -ST-ZIP									-
TITLE	ļ <del>.</del>		Delete	TITL								Change	Addition	7
NAME			La Delete	NAM	i i							oango		
STREET ADDRESS				STR	EET ADDRESS									}
CITY-ST-ZIP			MITTER AND ADDRESS OF THE ADDRESS OF	CITY	-ST-ZIP									
TITLE			☐ Delete	TITL	1						[	Change	Addition	
NAME				NAM	_									
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP									
	nortify that the	information evanded with	this filing dose not avail for fa			d in Sec	tion 11	0 07(2\6\ 1	Elorido Stati	itae I filirib	or cortif	u that the	information	$\dashv$
iodicated	certify that the	e intormation supplied with	this filing does not qualify for	ıı ille exe	mpuon state	ra in 5ec	aron 17	ເສ.ບ/(ປ)(۱), l gol offoot o	rionua Statt	nes. Hufti dor oath:	that Lag	y unactine i nan office	r or director	1

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

BODBY L. JOHNS PLES, 1-26-01